

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-043004

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5875

STATE FILE NUMBER

FILED DEC 10 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

554mo

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Menorah Medical Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

7542 Locust

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Joseph

Middle

Last

Weinsaft

4. DATE OF DEATH

Month

11

Day

20

Year

62

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

APPROX. 77

10. IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Broker

10b. KIND OF BUSINESS OR INDUSTRY

INSURANCE

11. BIRTHPLACE (City and state or country)

Austria

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Reuben WEINSAFT

13b. MOTHER'S MAIDEN NAME

CHAYA

14. NAME OF HUSBAND OR WIFE

Minnie WEINSAFT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Minnie WEINSAFT 7542 Locust

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hemorrhage due to

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

rupture of necrotic

DUE TO (c)

hepatoma of liver

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cirrhosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I, or PART II of item 18.)

20e. TIME OF INJURY

Hour

a.m.

p.m.

20f. Month, Day, Year

20g. INJURY OCCURRED WHILE AT WORK

☐

20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20i. CITY, TOWN, OR LOCATION

20j. COUNTY

20k. STATE

21. I attended the deceased from

1947.95

to 11/20/62

and last saw him alive on

11/20/62

21. Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. L. Friedman M.D.

22b. ADDRESS

701 E 63 KCMO

22c. DATE SIGNED

11/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-21-62

23c. NAME OF CEMETERY OR REMOVAL

Blue Ridge

23d. LOCATION (City, town, or county)

KANSAS CITY, MO

23e. (State)

24. FUNERAL DIRECTOR

25. DATE RECD. BY LOCAL REG.

11-21-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

M. L. Friedman

DOCUMENT

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Levy Buffington

Licensed Embalmer No. _____

2756

P. O. Address _____

KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.